

Please indicate how well we did in the acquisition of your property by circling the appropriate category or checking the "not applicable" box.

	Excellent 5	Good 4	Average 3	Below Average 2	Poor 1	Not Applicable
1. How well did we answer your questions about the proposed transportation project?		(4)	3	2	1	<input type="checkbox"/>
2. How well did we explain the need for your property and the process used to purchase your property?	5	(4)	3	2	1	<input type="checkbox"/>
3. Was the Right-of-Way Agent informed and responsive to your questions?	(5)	4	3	2	1	<input type="checkbox"/>
4. Was the Right-of-Way Agent courteous and professional?	(5)	4	3	2	1	<input type="checkbox"/>
5. How would you rate the usefulness of the printed material provided by the Department?	5	(4)	3	2	1	<input type="checkbox"/>

Comments: *and his crew were friendly & professional in their dealings with us. You should be proud of this*

If you would like to be contacted by telephone to give additional information or comments, please complete this portion

Name: _____ Phone Number: (_____) _____

DEPT. OF TRANSPORTATION
RIGHT-OF-WAY

To be completed by NHDOT Right-of-Way Agent

Project Number: *Chesterfield 45409* Parcel Number: _____ JUL 12 2006

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